

**Supplemental Lyme Disease Report Form**  
**(Patient Report Form)**  
(Contact patient ONLY if physician marked "Y" for Erythema migrans)

**Patient Information**

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Name \_\_\_\_\_

Date of Birth \_\_\_\_\_

Daytime Phone (home/work/cell) \_\_\_\_\_

Date contacted \_\_\_\_/\_\_\_\_/\_\_\_\_

**Travel History**

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Onset date for erythema migrans: \_\_\_\_/\_\_\_\_/\_\_\_\_

Y      N      Did patient travel outside of Utah within 30 days prior to date of onset?

Where? \_\_\_\_\_

When? \_\_\_\_\_

Y      N      Does patient recall history of tick bite within 30 days prior to date of onset?

Where? (List state or country if outside of Utah; list the county if within Utah.)  
\_\_\_\_\_

When? \_\_\_\_\_

Y      N      Did patient spend time outdoors (eg: camping, fishing, hunting, hiking, gardening) within 30 days prior to date of onset?

Where? \_\_\_\_\_

When? \_\_\_\_\_